

From the Archives: Raising the Siege of the House of Medicine

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Today, before you make your rounds on Capitol Hill, I've been given the small assignment of briefing you on the political situation and providing some tactical advice. The profession is under siege, and the outlook is grim; we need to stop relying on methods that haven't worked and look at others that might do the job. I'll refer to some historical figures with experience in the art of war, following the advice of my instructor in calculus and differential equations: nothing can take the place of a classical education.

First, let's look at a mistake that physicians are all too prone to make: relying on others to do the job. AAPS is somewhat less likely (or less able) to make this mistake than larger and wealthier organizations.

The arms wherewith a Prince defends his State are either his own subjects, or they are mercenaries.... Mercenaries....are at once useless and dangerous... For such troops are disunited, ambitious, insubordinate, treacherous, insolent among friends, cowardly before foes, and without fear of God or faith with men. Whenever they are attacked defeat follows; so that in peace you are plundered by them, in war by your enemies....

Captains of mercenaries are either able men or they are not. If they are, you cannot trust them, since they will always seek their own aggrandizement.... On the other hand, if your captain be not an able man the chances are you will be ruined....

[W]hen arms have to be employed by a Prince or a Republic, the Prince ought to go in person to take command as captain; the Republic should send one of their own citizens.... (Niccolo Machiavelli, *The Prince*)

Today, instead of reading works like this, the intellectual elite tends to start with a critique of the language. Machiavelli uses a forbidden word: "Man." A college student has told me about a style manual for his technical writing class. They have to avoid using any words with "man" in them. (For some, like "workmanship," no one has found a good substitute, but it may not matter because the concept is no longer operative.) Some also advocate rewriting materials to make them "gender neutral."

My instinctive reaction is "Neutral? What is that?" Or, "AAPS—neutral?"

The next question might be: What is gender?

You can't answer the question now being raised in Peking (how many genders are there?) without knowing what gender is. I used to think it was a characteristic of nouns, along with kind, person, number, syntax, and case.

In that sense, the number of genders depends on the language. In Romance languages, there are two. (One wonders what the

French and Spanish do to make their language politically correct.) In Germanic languages, of which English is an example, there are three: masculine, feminine, and neuter.

As to biological gender, at birth there are two. But soon after birth, there may be three. On a farm, most of the ram lambs get turned into non-ram lambs. They bring a slightly higher price at the meat market, and they are less trouble.

Non-ram lambs are basically good for only one thing. One might say they have a "unified purpose." And it's pretty easy to get them to fulfill that purpose, especially at night. Once a year, a huge gray truck pulls up to the farm. A man points his flashlight at the ramp. The first lamb walks up the ramp onto the truck, and all the rest follow.

Any who step out of that line can be called little black sheep, and they won't get to take a ride on the truck, and they'll be left outside in the cold instead of being at the dinner table.

Some who should know what is happening to sheep-like doctors may acknowledge that you can't trust the guy holding the flashlight. They propose to hand the same flashlight to a doctor (or a person with a doctoral degree who used to be a doctor). What we need—and what patients need—is nongelded doctors who follow their star. And who listen to their inner voice instead of the sirens all singing from the same hymnbook of fear and greed.

We must stay focused on the ultimate purpose: preserving the moral foundations of our profession (and our nation), and resisting bondage and destruction.

But where to begin against overwhelming odds? Let's study the methods of people who have been successful; for example, the only 17-year-old person to hold the rank of general in the history of the world, who happened to be a woman.

The mission of Joan of Arc was to save France from subjugation to England. To achieve this, she had to raise the siege of Orleans and get the Dauphin crowned King of France. On the way to Orleans, she had to achieve a number of smaller victories—and she needed a little help.

Like you, she needed to see the people who could help her. She did not have an appointment. This was the reaction of one named Robert, as portrayed by George Bernard Shaw in his play *Saint Joan*:

"Fifty thousand devils! Do you mean that that girl, who had the impudence to ask to see me two days ago, and whom I told you to send back to her father with orders to give her a good hiding, is still here?"

"I have told her to go, sir. She won't." said the Steward.

"I did not tell you to tell her to go. I told you to throw her out. You have fifty men-at-arms and a dozen lumps of able-bodied soldiers to carry out my orders. Are they afraid of her?"

"She's so positive, sir," was the Steward's only explanation.

Joan didn't ask for much: a horse and permission for three men to accompany her. She said she'd find her own armor.

Robert had the power to grant her wish, and he did so. But first Joan had to overcome Robert's preconceived notion: that a 17-year-old girl can have only one reason for talking to soldiers.

The lesson from that story is that to succeed with Congress, you need to do the following:

1. Know your ultimate goal.
2. Be persistent.
3. Ask for something that is easy to grant and hard to refuse—and that is precisely on target. (If you've only got a slingshot, you have to aim right between the eyes.)

4. Distinguish yourself from a girl who is hanging out with soldiers or a lobbyist who is prowling the halls of Congress. You are not there in a fancy suit pandering for a handout. You do not want a higher conversion factor, a special code for your special services, a dispensation from laws that apply to everybody else—or a place at (or on) the table.

The most important thing for doctors to demand is the right to practice their profession without taking the taxpayer's money. And the reciprocal right for patients is to spend their own money to obtain the medical care of their choice, without federal government oversight and restrictions.

That one small thing is a bridge over the moat and a breach in the wall of the fortress of government control over all of medicine.

One mechanism for achieving that objective is a bill by Senator Jon Kyl, S. 1289, called the "Senior Citizens Health Care Freedom to Contract Act." [See addendum.] Your mission, should you choose to accept it, is to come from your Senator's office with a commitment to cosponsor that bill. Or if that's going too far, ask for a signature on the Medicare Patient Freedom Resolution.

It is possible that in this session of Congress we may be able to establish unambiguously the right to private contract. But even if we fail—this time—our advice to doctors is the same: don't get on the truck. Remember, in the U.S. in 1995 participation in managed care (corporate socialism) or government programs (socialism) is voluntary. The Chairman's Mark on the Senate Finance Committee Medicare reform package mentions that several times.

Of course, nonparticipation is not without risk. You may lose money or be vilified by your colleagues or harassed by HCFA [Health Care Financing Administration, renamed Centers for Medicare and Medicaid Services or CMS]. So far, nothing worse has happened. Dr. Copeland [Past President of AAPS] went to court with her patients to establish the right to decline Medicare Part B benefits in some instances. The court could find no legal prohibition. And 300 physicians nationwide participated in our 30th Medicare anniversary celebration, Medicare Patient Freedom Day, by treating patients for \$1 and refusing to file HCFA forms. Despite the increased ambiguity created by the Medicare Technical Corrections in the last Congress, HCFA remained silent, even though informed in advance of the demonstration.

HCFA may at some point decide to make an example out of somebody because they know the game is up if the lambs stop climbing on the truck. I think that if they do that, they are even more likely to lose it. As C.S. Lewis pointed out, the Devil's most effective tactic is to convince people that he doesn't exist. The government pretends to be a benign, compassionate operation devoted to the welfare of the poor and downtrodden. If they start shooting little black sheep or chaining them up, people will get the idea that government is naked force and coercion. They are less likely to weld their own shackles, and more likely to fight for their independence sooner.

The fight for independence and liberty is not a job for mercenaries or for non-ram lambs. It's a job for men and women defending their own freedom and their own profession. It is our job. If we do not do it, then who will?

Addendum: The Kyl bill was eventually incorporated into the Balanced Budget Act of 1997 in drastically altered form that requires physicians to file an affidavit to "opt out" and not file Medicare claims for 2 years in order for patients to be able to privately contract. In the 11th Congress, Rep. Ron Paul, M.D. (R-TX) introduced H.R. 164, the Seniors' Health Care Freedom Act of 2009, a one-page bill that deletes this requirement.

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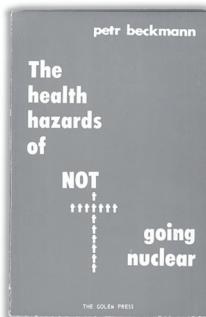
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